Staff Member: _____ **Date:** _____

Client Name: _____

Last **First** **Middle**

Address: _____

Apartment **City/State** **Zip Code**

Phone: ( ) **Age:** **Date of Birth:** **Soc. Security #**

Referral Source:

Name: **Address** **Phone No.**

Financial: **Insurance** ☐ **Yes** ☐ **No** **Medi-Cal:** ☐ **Yes** ☐ **No** **Medicare** ☐ **Yes** ☐ **No**

Income: **$** **Veteran** ☐ **Yes** ☐ **No** **Parole** ☐ **Yes** ☐ **No**

Instructions: **The following four domains are mandatory. Additional narrative may be added on page 2.**

Presenting Problem:

Current Medications:

Current Substance Abuse:

Current Potential for Harm:

Service Eligibility Criteria Met: Yes ☐ **No** ☐ **Uncertain** ☐ **If NO for Medi-Cal Notice of Action Issued: Yes** ☐ **No** ☐

Orientation Meeting (if applicable) Date: _____ **Time:** _____

Mental Health Assessment Appt Date: _____ **Time:** _____ **Therapist:** _____

Psychiatric Evaluation Appt Date: _____ **Time:** _____ **MD** _____

Continued (If YES, check) ☐

Narrative

Progress Notes {Date and Sign each entry}

Completed by: _____ _____ _____ _____

Signature Title Date Time Spent

Case Number (generated by MHIS): _____
Date Case Opened: _____
Provider No.: _____
Activity No.: _____

SEX ☐ 1 Male ☐ 2 Female

AGE
☐ 1 0-17 yrs.
☐ 2 18-54 yrs.
☐ 3 55 + yrs.

ETHNIC GROUP
☐ 1 White
☐ 2 African/American
☐ 3 Hispanic
☐ 4 Native American
☐ 5 Chinese
☐ 6 Japanese
☐ 7 Filipino
☐ 8 Indochinese
☐ 9 Other:

PREFERRED PRIMARY LANGUAGE
☐ 1 English
☐ 2 Spanish
☐ 3 Other:

LIVING ARRANGEMENTS
☐ 1 Alone
☐ 2 Family/Relative
☐ 3 With Others
☐ 4 Community Facility
☐ 5 Homeless
☐ 6 Other:

EMPLOYMENT STATUS
☐ 1 Employed
☐ 2 Unemployed
☐ 3 Retired
☐ 4 SSI Disability
☐ 5 Other

Case Completed	☐ Y	☐ N
If case completed: Problem Resolved	☐ Y	☐ N
Appropriate Referral made	☐ Y	☐ N
Total Number of Contacts:		

PRIMARY PROBLEM (Check only 1 in each category)

MENTAL ILLNESS
☐ 1 Mood Disorder
☐ 2 Thought Disorder
☐ 3 Anxiety Disorder
☐ 4 Organic Disorder
☐ 5 Other:

SUBSTANCE ABUSE (within 6 months)
☐ 1 Drugs
☐ 2 Alcohol
☐ 3 Poly-substance
☐ 4 None

SITUATIONAL CRISIS
☐ 1 Homeless
☐ 2 Loss/Grief
☐ 3 Family/Parenting
☐ 4 Med. Non-Compliance
☐ 5 Other:
☐ 6 None:

OTHER RISK FACTORS (Multiple entries allowed)
☐ 1 Suicidal
☐ 2 Homicidal/Assaultive
☐ 3 Sexual Trauma
☐ 4 Abuse
☐ 5 Domestic Violence
☐ 6 None

DISPOSITION
☐ 1 Critical Care/EPU
☐ 2 Frontline
☐ 3 CCTC
☐ 4 Crisis Residence
☐ 5 Homeless Team
☐ 6 Senior Team
☐ 7 Other Mental Health – County/Contract
☐ 8 Private Hospital
☐ 9 Mental Health Community
☐ 10 Social Service Program
☐ 11 Legal/Law Enforcement
☐ 12 Medical
☐ 13 Drug/Alcohol Program
☐ 14 Self Help/Support Group
☐ 15 No referral/Crisis Resolved